

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different  
than previously  
reported. (ACC)

FAIRFAX

VA

22033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408435

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report(Q1)
- ☒ July 15  
Quarterly Report(Q2)
- ☐ October 15  
Quarterly Report(Q3)
- ☐ January 31  
Quarterly Report(YE)
- ☐ July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE-Election**  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Doug Huynh

Signature of Treasurer

Electronically Filed by Doug Huynh

Date

07

15

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	139631.64
(b) Cash on Hand at Beginning of Reporting Period .....	135977.52	
(c) Total Receipts (from Line 19) .....	14811.46	16262.01
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	150788.98	155893.65
7. Total Disbursements (from Line 31) .....	15106.97	20211.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	135682.01	135682.01
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11716.00	12966.00
(ii) Unitemized .....	3045.00	3195.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14761.00	16161.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14761.00	16161.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	50.46	101.01
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14811.46	16262.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14811.46	16262.01

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	106.97	211.64	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	106.97	211.64	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ..... ➤	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15106.97	20211.64	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15106.97	20211.64	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14761.00	16161.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14761.00	16161.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	106.97	211.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	106.97	211.64

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Philip Adler

Mailing Address 11800 Twelve Mile Rd.

City

Warren

State

MI

Zip Code

48093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. John Macomb HospitalOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.7199

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Zubin Balsara

Mailing Address 8309 Canopy Oaks Drive

City

Ft. Smith

State

AZ

Zip Code

72903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy MedicalOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.7165

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence John Briggs

Mailing Address 9 Thicket Lane

City

W Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth-Hitchcock Medic-  
al CeOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	1

Transaction ID: SA11AI.7179

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 17

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Brunner

Mailing Address 5145 N California Ave

City

Chicago

State

IL

Zip Code

60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Covenant HospitalOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.7159

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gilberto Cadavid

Mailing Address 5 Camden Oaks

City

San Antonio

State

TX

Zip Code

78248-1601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Texas Radiolog GroupOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.7152

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Y. Chen

Mailing Address 4483 152 Lane, S.E.

City

Bellevue

State

WA

Zip Code

98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Medical Center/Ev-  
ergreOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	1	1

Transaction ID: SA11AI.7182

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Don H. Chin

Mailing Address 15820 Nightingale Lane

City

Redding

State

CA

Zip Code

96001-9500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regional Radiological Ass-  
ociatOccupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.7230

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven Citron

Mailing Address 13 Ball Mill Place

City

Atlanta

State

GA

Zip Code

30350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates Of  
AtlantOccupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	1	1

Transaction ID: SA11AI.7216

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William C Culp

Mailing Address 11560 Rivercrest Drive

City

Little Rock

State

AR

Zip Code

72212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Arkansas for  
MedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	2	/	2	0	1	1

Transaction ID: SA11AI.7183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

965.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Deeter

Mailing Address 14 Ryedale Ct.

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenville Radiology, PA

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.7217

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Fuller

Mailing Address 5465 Errol PI NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diagnostic Imaging Specialists

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.7177

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory E Guy

Mailing Address 395 West 12th Ave, 4th Floor

City

Columbus

State

OH

Zip Code

43210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Ohio State University  
Medi

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7223

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Noel Haskins

Mailing Address 200 Myrtle Drive

City

Thomasville

State

GA

Zip Code

31792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates Of  
Thomas

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.7162

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Hein

Mailing Address 25 Camden Place

City

Corpus Christi

State

TX

Zip Code

78412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology&Imaging of South  
Tex

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.7204

Amount of Each Receipt this Period

251.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Herald

Mailing Address 2555 Ponce De Leon  
#400

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Business Service,  
Inc.

Occupation  
administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: SA11AI.7205

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Bradley A Johnson

Mailing Address Dept of Radiology  
530 NE Glen Oak Ave

City State Zip Code  
Peoria IL 61637

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Osf St. Francis Medical  
Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.7166

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Saravanan Kasthuri

Mailing Address 1108 Williams Blvd.

City State Zip Code  
Richland WA 99352

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Columbia Basin Imaging

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7232

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Katharine Krol

Mailing Address 8433 Harcourt Rd

City State Zip Code  
Indianapolis IN 46260

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St. Vincent Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: SA11AI.7210

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Michael J Ludkowski

Mailing Address 5 Welsh Cobb Court

City

Greenville

State

SC

Zip Code

29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spartanburg Regional Medi-  
cal C

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 2 / 2 0 1 1

Transaction ID: SA11AI.7208

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

James D Lutz

Mailing Address 307 Geneseo Road

City

San Antonio

State

TX

Zip Code

78209-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates Of  
San An

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.7154

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

James D Lutz

Mailing Address 307 Geneseo Road

City

San Antonio

State

TX

Zip Code

78209-6124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates Of  
San An

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.7157

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gordon Ng

Mailing Address 347 N. Kuakini St.

City

Honolulu

State

HI

Zip Code

96817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kuakini Medical Center

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.7171

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard Price

Mailing Address 13348 Old Winery Rd.

City

Poway

State

CA

Zip Code

92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palomar Medical Center

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.7160

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anne Roberts

Mailing Address 9300 Campus Point Dr  
#7756

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UCSD Medical Center/Thorn-  
ton H

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.7161

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 17

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Kevin L Sullivan

Mailing Address 250 E Ponce DeLeon Ave

City

Decatur

State

GA

Zip Code

30030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7226

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Sutton

Mailing Address 301 Crossgate Dr.

City

Clarks Summit

State

PA

Zip Code

18411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiological Consultants  
Inc

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7229

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank Taylor

Mailing Address 3100 E Fletcher Ave

City

Tampa

State

FL

Zip Code

33613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Community Hosp-  
ital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.7228

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 17

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jorge Velez

Mailing Address 6 lost timbers

City

San Antonio

State

TX

Zip Code

78248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Radiology Associates Of  
San AnOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.7155

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Weil

Mailing Address 525 E. Market Street

City

Akron

State

OH

Zip Code

44304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Radiology, Inc.Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

Transaction ID: SA11AI.7194

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin E. White

Mailing Address 4062 Viewcrest Loop

City

Floyds Knobs

State

IN

Zip Code

47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Floyd MemorialOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	1

Transaction ID: SA11AI.7175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

11716.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 27025

City  
Richmond

State  
VA

Zip Code  
23261

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.7140

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.30

SUBTOTAL of Disbursements This Page (optional) .....

35.30

TOTAL This Period (last page this line number only) .....

35.30



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City  
MariettaState  
GAZip Code  
30060

Purpose of Disbursement

Candidate Name

J. PHILLIP GINGREY

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2011

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: GA

District: 11

Transaction ID: SB23.7146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City  
BOWLING GREENState  
KYZip Code  
42102

Purpose of Disbursement

Candidate Name

S. BRETT GUTHRIE

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2011

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: KY

District: 02

Transaction ID: SB23.7141

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City  
HOPKINSVILLEState  
KYZip Code  
42241

Purpose of Disbursement

Candidate Name

ED WHITFIELD

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2011

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: KY

District: 01

Transaction ID: SB23.7145

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

15000.00

TOTAL This Period (last page this line number only) .....

15000.00